

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Visconti et al.
Title: DISPOSABLE SURGICAL
SUCTION/IRRIGATION
TRUMPET VALVE TUBE
CASSETTE

Prior Appl. No.: 09/574,164
Prior Appl. Filing Date: 18 May 2000

CERTIFICATE OF EXPRESS MAILING
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.
EL 962 417 516 US 1/16/04
(Express Mail Label Number) (Date of Deposit)
JANE HEPPLO
(Printed Name)
[Signature]
(Signature)

**CONTINUING PATENT APPLICATION
TRANSMITTAL LETTER**

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

☐ Continuation ☒ Division ☐ Continuation-In-Part (CIP)

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

☐ Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

☒ Specification, Claim(s), and Abstract (29 pages).

☒ Informal drawings (8 sheets, Figures 1-13).

- ☒ Declaration and Power of Attorney (13 pages).
- ☐ Assignment of the invention to Allegiance Healthcare Corporation.
- ☐ Assignment Recordation Cover Sheet.
- ☐ Small Entity statement.
- ☐ Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
- ☐ Information Disclosure Statement.
- ☐ Form PTO-1449 with copies of 5 listed reference(s).
- ☒ Preliminary Amendment.
- ☒ Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

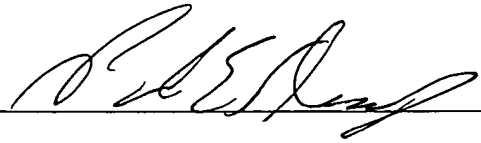
	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00	\$770.00
Total	20	- 20	= 0	x \$18.00	= \$0.00
Claims:					
Independen	3	- 3	= 0	x \$86.00	= \$0.00
ts:					
If any Multiple Dependent Claim(s) present:				+ \$290.00	= \$0.00
				SUBTOTAL:	= \$770.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):					= \$0.00
				TOTAL FILING FEE:	= \$770.00

- ☒ A check in the amount of \$770.00 to cover the filing fee is enclosed.
- ☐ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1450. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1450.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date JAN 16, 2004

By 

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